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Bib Data Sheet

CONFIRMATION NO. 3628

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/534,967 | <b>FILING OR 371(c)<br/>DATE</b><br>05/16/2005<br><b>RULE</b> | <b>CLASS</b><br>607 | <b>GROUP ART UNIT</b><br>3762 | <b>ATTORNEY<br/>DOCKET NO.</b><br>KANG3018/REF |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Byung Mo Kang, Incheon, KOREA, REPUBLIC OF;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/KR03/02336 11/04/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

REPUBLIC OF KOREA 10-2002 0071745 11/18/2002

REPUBLIC OF KOREA 10-2002 0076437 11/30/2002

REPUBLIC OF KOREA 10-2003 0076500 10/30/2003

**\*\* SMALL ENTITY \*\***

|  |   |                                 |                               |                                    |
|--|---|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>KOREA,<br>REPUBLIC<br>OF | <b>SHEETS<br/>DRAWING</b><br>10 | <b>TOTAL<br/>CLAIMS</b><br>17 | <b>INDEPENDENT<br/>CLAIMS</b><br>6 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   |                                 |                               |                                    |
| Verified and Acknowledged  | Examiner's Signature                                    | Initials                        |                               |                                    |

**ADDRESS**

23364

**TITLE**

Perineum muscular power increase device and a method thereof

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>750 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                       |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                       |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                       |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
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